

Association, left Virginia on a Mission of Mercy. They joined with 400 medical professionals and 150 support volunteers from thirty-eight different states and transformed the New Orleans Zoo into one large health care clinic. They will spend this week staffing this clinic, providing health care free of charge to anyone who needs it. The dentists from Virginia are not just providing checkups, but are performing extractions, fillings, partial realignments, and all other procedures that one would normally receive in a dentist's office. The 500 dental patients that will be treated daily are just a portion of the 1600 patients that will be triaged through the clinic coordinated by Remote Area Medical of Knoxville, Tennessee.

The doctors and support volunteers participating in the Mission of Mercy are paying for their own transportation and lodging. On top of those costs, many of them are forced to close their own practices in their home states in order to participate in the mission.

This simple gift to the people of New Orleans is a much needed one. The image of homes flooded by Katrina's waters is prevalent in our minds. It is easy to forget that businesses, such as doctor's offices, were also destroyed. For the parts of New Orleans that weren't flooded, many still lack power and potable water. For many of the brave citizens and aid workers that still inhabit the city, health care is a creature comfort that is either unavailable or too expensive. It is a necessity that sadly takes a backseat to more immediate concerns.

The federal government has yet to fully live up to its responsibility to the citizens whose lives were ravaged by Hurricane Katrina, and until the federal government fulfills this responsibility, the job is left to private citizens to put a great city back together again. I salute the medical professionals and volunteers from around the country and especially those from the Virginia Dental Association who are giving of their time, money, and expertise to help bring normalcy back to the lives of their fellow citizens. The entire Virginia Congressional delegation salutes the Virginia Dental Association as ambassadors of goodwill and Virginia values.

DISABLED VETERANS TAX FAIRNESS ACT

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 8, 2006

Mr. FARR. Mr. Speaker, today Representative BILIRAKIS and I are introducing the Disabled Veterans Tax Fairness Act. This bipartisan bill serves disabled veterans who have been caught in the cross hairs of the bureaucracy at the Department of Veterans Affairs and an Internal Revenue Service statute of limitations. The Disabled Veterans Tax Fairness Act would add an exception to the IRS statute of limitations that would allow disabled military retirees whose disability claims have been pending for more than 3 years to receive back taxes for all the years that their claim was pending.

This issue was brought to my attention by a constituent who had a disability claim pending at the VA for 8 years. After he finally won his

disability claim and was awarded retroactive disability compensation, he was denied 5 years of back taxes due to the IRS 3-year statute of limitations. This veteran and perhaps thousands of others are being penalized through no fault of their own.

To determine the scope of the problem, I requested a report in the FY06 TT/HUD appropriations bill directing the IRS to tell the committee how many disabled military retirees have been and will be penalized by this IRS statute of limitations. I look forward to the results in mid-March.

Those who have dedicated their lives to the security of this country should not be penalized by the IRS for bureaucratic inefficiency by the VA disability claims process. This bill is supported by the Military Officers Association of America and The Military Coalition. Please join Representative BILIRAKIS and me as a cosponsor of H.R. 4727.

PLANNED PARENTHOOD: TIME TO TAKE A SECOND LOOK AT CHILD ABUSE INC.

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 8, 2006

Mr. SMITH of New Jersey. Mr. Speaker, I rise tonight to set the record straight about significant misinformation that continues to be disseminated concerning an amendment I offered last summer. Planned Parenthood has refused to admit the truth about the true genesis of this amendment. Because Planned Parenthood boasts that "trust is the cornerstone of why people choose [them]," I cannot allow its lies to continue unanswered. And I believe it's time Americans take a look at Planned Parenthood on other issues as well, including abortion.

Several years ago I became aware of a devastating condition called fistula. Fistula is a terribly painful disorder that marginalizes women in many parts of the developing world, yet is relatively inexpensive to treat. I authored legislation to authorize USAID to provide much-needed assistance to women desperate for treatment. Unfortunately, with the help of organizations like Planned Parenthood, some of my colleagues tried to weaken the authorization by adding language that would have prevented crucial faith-based health care providers from helping women through this program.

Women suffering with fistula need treatment, and provisions mandating contraceptives would have prevented some health care providers most suited to provide treatment from doing so. These women need speedy treatment, not politicized language.

As the prime author of H.R. 2601—The Foreign Assistance Authorization Act of FY 06 and 07—I personally wrote the section in the bill, (Sec. 1001) that authorizes the President to establish at least 12 treatment centers to provide surgery and healing therapies for women suffering from a devastating condition known as obstetric fistula. The bill also provides for the dissemination of educational information so that women will know where to go for affordable treatment and how to protect against the occurrence of this preventable, curable condition.

Obstetric fistula is an excruciatingly painful hole or rupture in tissues surrounding a woman's birth canal, bladder, or rectum that is caused by rape, physical abuse or untreated, obstructed labor. Tragically, the constant leaking of urine and feces leads to sickness, desertion by husbands and family, extreme social isolation, and poverty.

Amazingly, for \$150—\$300, a woman victimized by fistula can obtain a surgical repair which gives her back her life. No woman should be denied this minimal, life-saving surgical repair. For several years now, I have asked USAID and the Congress to establish a program to assist women who suffer from obstetric fistula. According to USAID, an estimated 2 million women suffer needlessly from fistula, with 50–100 thousand new cases added every year, mostly in Africa.

USAID has begun to provide support for fistula centers, and that's great. They hoped to put \$3 million into the program by the end of 2005 and they have already identified a dozen medical facilities ready to participate and help these women. My bill, which originally authorized \$5 million for 2006 and \$5 million in 2007, ensures that the program is properly implemented and able to aid as many women, and young girls, as possible.

During committee mark-up on H.R. 2601, Rep. JOE CROWLEY (D-NY) amended my language in H.R. 2601, to mandate that the new centers "expand access to contraception." At first blush, the language looked OK, but it became very clear that it would have had the dire consequence of excluding certain faith-based health providers who, while deeply committed to mitigating the pain of fistula, would be barred from receiving funds. For example, the Crowley language would have excluded NGOs and church-based organizations opposed to chemicals that act as abortifacients—those that prevent implantation of a newly created human life—from getting any U.S. funds. Had my amendment not succeeded, several hospitals selected by USAID as "fistula centers" would have lost funding.

The amendment I offered that passed on the floor in July corrected this problem so that the faith-based sites including those already identified for the program by USAID—and perhaps others in future—could participate and provide assistance to women in need. My amendment to my own bill also increased the funding in 2007 to \$7.5 million, since it is obvious that once the centers are up and running the demand for the cure will be even greater. To participate in the program, providers must offer critical treatment care—including increased access to skilled birth attendants—and may offer information about a number of preventative practices such as abstinence education, encouraging postponement of marriage and childbearing until after teenage years, and family planning services for women whose age or health status place them at high risk of prolonged or obstructed childbirth.

Nothing in my original fistula language or my amendment adopted on the floor restricts access to family planning services. Rather, my amendment made a variety of preventative practices optional and as such is sensitive to and consistent with the values of the people—and the hospitals that serve them—in developing countries.

Despite all this, Planned Parenthood still insists on praising the people who would have killed the amendment and attacking me. The